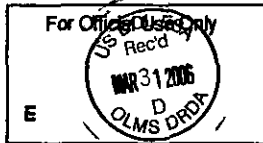


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 6413	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Jerry R Arms P O Box Bldg Room No if any Street 10307 Celito L. ndo 10E City Albuquerque State New Mexico ZIP Code + 4 87111	4 Name file number and address of labor organization Name Sheet Metal Workers LU NO 49 Labor Organization File Number 019-552 P O Box Building and Room Number if any Suite 110 Street 2300 Buena Vista SE City Albuquerque State New Mexico ZIP Code + 4 87106-4335
5 Position in labor organization Training Coordinator JATC/President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Jerry Arms</u>	On <u>03/22/2006</u> Date	<u>505-266-5878</u> Telephone Number

Name of Person Filing Jerry Arms	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name International Training Institute</p> <p>Trade Name if any ITI</p> <p>P O Box Bldg Room No if any Suite 240</p> <p>Street 601 N Fairfax St</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name International Training Institute</p> <p>Trade Name if any ITI</p> <p>P O Box Bldg Room No if any Suite 240</p> <p>Street 601 N Fairfax St</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>11 a Nature of such dealing</p> <p>CPI Class 01/05</p> <p>Math Task Force 06/05</p> <p>Math Task Force 07/05</p> <p>Math Task Force 09/05</p> <p>Math Task Force 10/05</p>
	<p>11 b Approximate dollar value of such dealing \$2 313</p>
	<p>12 a Nature of interest held or income received</p> <p>CPI Per Diem \$200 00</p> <p>CPI Lodging \$431 64</p> <p>Task Force Consulting 300 00</p> <p>Task Force Per Diem \$150 00</p> <p>TF Travel \$626 30</p> <p>TF Consulting 300 00</p> <p>TF Per Diem 150 00</p> <p>TF Travel 154 60</p>
	<p>12 b Amount \$1 100</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

ITI
LM 30 INFORMATION
2005

NAME ARMS JERRY
TRUSTEE/PRESIDENT SMW LU 49
2300 BUENA VISTA SE, SUITE 1110
ALBUQUERQUE, NM 87106

FUND	DATE	AMOUNT	PURPOSE	EXP TYPE
ITI	1/4/05	200 00	CPI	PER DIEM
ITI	1/14/05	431 64	CPI	LODGING
ITI	6/27/05	300 00	TF-MATH	CONSULTING
ITI	6/27/05	150 00	TF-MATH	PER DIEM
ITI	7/28/05	626 30	TF-MATH	TRAVEL EXPENSES
ITI	9/8/05	300 00	TF-MATH	CONSULTING
ITI	9/8/05	150 00	TF-MATH	PER DIEM
ITI	10/3/05	154 60	TF-MATH	TRAVEL EXPENSES
		<u>2,312 54</u>		